



ENDING *Homelessness*

THE 10-YEAR ACTION PLAN

a Partnership effort of

City of Raleigh, Wake County,

Wake Continuum of Care, & Triangle United Way



To the People of Raleigh and Wake County

Raleigh and the towns in Wake County are wonderful places to call home. We who live here take great pride in our capital city and smaller communities that are attractive, lively, and welcoming places to live. For most of us.

There is another side to our communities that most of us see only in passing. This is the shadowland of want, hunger and desperation. Far too many Raleigh and Wake County residents can't afford even the lowest rents, and barely make it from one month to the next. For others, personal problems, such as poor health, mental illness, or substance abuse interfere with their ability to succeed on their own. Still others experience domestic violence, or can't speak English, or age out of foster care, or are released from prison or jail with no job skills or support system.

Each night there are nearly 200 single women in emergency shelters or transitional housing.



Many individuals and families live in precarious circumstances. A portion of them lose their homes, most for days, others for much longer. They rely on emergency shelters and food programs, or makeshift camps in the woods. The most visible subsist on city streets, where they are a disturbing part of the urban landscape and a harsh reminder of our systems' failings.

The people of Raleigh and Wake County are not short on compassion. Faith-based and other local groups provide meals, clothing, and temporary beds. Non-profit agencies offer services, support, and shelter for people who are homeless and at risk of becoming so. Municipal, state and federal agencies contribute significant dollars, staff, and expertise to these programs and initiatives. And yet, homelessness and the accompanying despair continue to grow.

It is high time we reverse this trend. Homelessness is a blight that harms all of us. Police, hospitals, and jails spend an inordinate amount of public resources on people for whom the main problem is lack of a home and stabilizing services. Businesses and community groups are continually frustrated in their efforts to "clean up" the streets, knowing full well that the holes in our social safety net mean that improvements are only temporary. School officials wring their hands over the numbers of students whose learning is hampered by being in constant crisis—living in unstable, unsafe, and unsettled circumstances, and changing schools many times a year.

The network of homeless shelters and services is a band-aid approach to a critical condition. We need solution-oriented strategies. Ensuring affordable housing, effective medical and behavioral health treatment, family supports, and opportunities for work and other meaningful activities is both more humane and more cost-effective than maintaining an ever-expanding "homeless service system." We must attack the causes of homelessness, not just the results.

Please join us in ending homelessness in our community. Take part in *The 10-Year Action Plan*.

Sincerely,

Craig Chancellor,
Triangle United Way

Scott Cutler,
Clancy & Theys Construction Co.

Co-Chairs, Steering Committee
Ending Homelessness: The 10-Year Action Plan

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More than 400 persons participated in five public forums, six focus groups with people who are homeless and eight community leadership forums.

Insight gained from these participants combined with a research base regarding current best practices form the foundation for actions recommended in this plan.



Executive Summary

In America, the stark contrast between our role as the wealthiest nation on earth and as a country of great need and want is most evident in the visible shame of homelessness in communities of every size. Despite two decades of federal support, statewide planning, and local initiatives, homelessness continues to grow.

In North Carolina, homeless shelters and transitional programs served 46,000 people in 2002 alone (N.C. Interagency Council for Coordinating Homeless Programs, 2003). In Raleigh, the South Wilmington Center (SWSC), the largest of the city's eight homeless shelters, served 1,895 different men last year, with a total of 73,450 overnight stays and 90,550 meals.

In Wake County, 1,235 people were counted in a one-day survey of homelessness in December 2003, providing a single "snapshot" of who was homeless on that particular day – the numbers are far higher on an annual basis¹. In addition to those counted in shelters, 102 people were found outdoors living on the streets. Another 15,000 people were living doubled up with family or friends, and at risk of homelessness. Family homelessness in Wake County is rising by an estimated 11% yearly.

Most people in our community find themselves homeless because they are priced out of the housing market. In fact, a majority of people who are homeless work, most often in low-paying service jobs that provide no benefits: as fast food restaurant workers, nurse's aides, motel housekeepers, and the like.

The North Carolina Housing Coalition (2004) reports that 740,000 households in our state "do not have and cannot afford a safe, stable home." This "housing affordability

gap" is especially acute in high-cost housing areas like Raleigh, where the fair market rent for a 2-bedroom apartment is \$799. With the minimum wage at \$5.15 per hour, even people earning twice that can't find affordable housing. In fact, over 25,000 additional housing units are needed for people earning less than 40% of median income (\$23,475 per year)

Clearly, what we are doing is not working. We must change how we do business.

Allowing people to become or remain homeless is ineffective, inhumane, and costly. The longer individuals and families remain homeless, the more difficult it may be to engage or re-engage them in needed health and behavioral health care, housing, and social services. Children who are homeless experience developmental delays and emotional problems (Better Homes Fund, 1999). Frequently, people who are homeless cycle through inappropriate and expensive services, including jails and prisons, emergency rooms, and psychiatric hospitals. For example, the cost of one day at Dorothea Dix Hospital is \$594.00, while supportive housing (housing plus services) costs only \$33.43 per day for a person with mental illness. Even shelters are expensive: the average monthly cost of a shelter stay in Raleigh is \$900, compared with a HUD Section 8 voucher, which provides \$701 for a one-bedroom apartment.

We can end homelessness. Communities are coming together to resoundingly reject the notion that homelessness is an inevitable downside of contemporary society. States and communities around the country are preventing and ending homelessness for individuals and families, even those believed to be the most difficult to serve. To do so, they are using evidence-based and promising practices shown to be effective, such

¹All statistics on homelessness in Wake County are taken from the December 2003 point-in-time-count conducted by the Wake Continuum of Care.

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as assertive outreach, intensive case management, permanent supportive housing, discharge planning, and integrated treatment for co-occurring mental illnesses and substance use disorders. In addition, homeless services and mainstream providers are integrating services and systems, collecting data to improve outcomes, and educating the community about effective strategies.

We must end homelessness. Homelessness is unacceptable in a society that values the dignity and worth of individuals. Simply put, people who are homeless are people first. They share the same hopes and dreams we all do – for a home, a job, meaningful personal relationships, and a sense of belonging. We must create the opportunities and the expectation that all individuals and families will become independent, contributing members to our community to the extent possible. Ensuring a place for all its members makes for both a more just and more productive community.

We know what works to end homelessness and we know why we have to do it. *Now is the time to act.*

A National Movement

Raleigh/Wake County is the 100th community nationally to undertake the challenge of ending homelessness in 10 years. This effort is spearheaded by the National Alliance to End Homelessness, with endorsement from the U.S. Conference of Mayors, the National Association of County Commissioners, and the National League of Cities. In 2002, the President called for an end to chronic homelessness in 10 years, and by 2003, the federal Interagency Council on Homelessness was reinvigorated to guide the work of key federal agencies whose policies affect people who are homeless. Along with North Carolina's capital city, Asheville/Buncombe County, Chapel Hill/Orange County, Charlotte, Durham/Durham County, Gastonia, Henderson, and Winston-Salem/Forsyth County have all embarked on initiatives to prevent and end homelessness in 10 years. The North Carolina

Interagency Council for Coordinating Homeless Programs is completing the North Carolina 10-Year Plan to End Homelessness. The North Carolina Plan will maximize the use of state-level resources and efforts to help increase the effectiveness of local plans.

An Inclusive Process

In January 2004, the City of Raleigh, Wake County, Wake Continuum of Care, and Triangle United Way formed a partnership and a Planning Team to develop Ending Homelessness: The 10-Year Action Plan. A Steering Committee of business, faith, academia, and service representatives provided ongoing guidance. To ensure broad-based community participation, the Partnership (Planning Team plus Steering Committee) held five public forums attended by more than 150 people each, conducted six focus groups with people who are homeless, and convened eight community leadership forums. An intercollegiate conference on homelessness was hosted by St. Augustine's College President Dianne Suber, and featured presentations by students whose college classes focused on this issue. In April 2004, a formal announcement of the development of our plan was made at a press conference with Raleigh Mayor Charles Meeker; Wake County Board of Commissioners Chair Kenn Gardner and Commissioner Phil Jeffreys; State Representatives Brad Miller and David Price; and United States Interagency Council on Homelessness Executive Director Philip Mangano.

The draft plan was presented for public comment in October, revised, and presented in February 2005 to the Raleigh City Council, the Wake County Board of Commissioners, and the public. We are exceptionally grateful for the widespread interest and involvement this vital initiative has sparked. The 10-Year Action Plan reflects the community's firm commitment and hard-won wisdom about how to prevent and end homelessness in Raleigh and Wake County.

About 25% of people who are homeless are children and youth.



The Vision:

***We will reorient
our service
system from one
that manages
homelessness
to one that
prevents and ends
homelessness.***

The Goal:
We will
provide the
opportunity
for a full and
dignified life in
the community
for every resident
of Raleigh/Wake
County through a
comprehensive,
coordinated effort
to prevent and end
homelessness
in the next
decade.

Recognizing Successes

The *10-Year Action Plan* planning process has itself created a powerful synergy, producing notable new partnerships, initiatives, and accomplishments over the past year. By the time the Plan was formally presented in February 2005, we could already count the following achievements towards the community-wide commitment to prevent and end homelessness in Raleigh and Wake County:

- The City of Raleigh and Wake County housing departments are collaborating to budget up to an additional \$2 million for housing for people who are homeless.
- Triangle United Way has emphasized homelessness throughout its annual fundraising campaign, and has announced a new staff position dedicated to these efforts.
- Area universities and colleges are now offering courses on homelessness, with students presenting research papers on homeless issues at the first Inter-Collegiate Summit on Homelessness in the spring of 2004. Plans are underway for a second summit in spring of 2005.
- The Greater Raleigh Chamber of Commerce has agreed to recruit 20 businesses to hire persons who are homeless.
- Outreach workers, service providers and faith-based groups, who go out into the woods and the streets, are meeting regularly to improve coordination and referrals to resources.
- Downtown Raleigh churches are strengthening their activities and focus on issues of homelessness.
- ROAR (Raleigh Organizing for Action and Results) is working with the City to make low-income housing a priority.
- The Raleigh Police Department has developed new policies regarding their contact with people who are homeless and has been actively involved in providing input and review of this Plan.

- Statewide support is building to increase the North Carolina Housing Trust Fund to a \$50 million annual appropriation to increase affordable housing for families and individuals with low incomes.

Two other important initiatives already underway as the *10-Year Action Plan* was being developed will play key roles in ensuring that the Plan will have a significant impact on homelessness early on:

- The comprehensive, county-wide Homeless Management Information System that began operating in December 2004 is central to the effort to assess the success of our efforts.
- The Healing Place for Women and Children is scheduled to open in 2006 and will fill a major gap in services for women who are homeless and struggling with substance abuse.

Our Vision, Goal, and Guiding Principles

Emergency shelter and short-term services, while necessary for people confronting a crisis, will not address the myriad and complex problems that many homeless individuals and families confront. Ending Homelessness: The *10-Year Action Plan* represents a fundamental change in how we as a community respond to the poorest and most vulnerable of our community members. Permanently ending the disgrace of homelessness in Raleigh/Wake County will benefit the entire community.

The Vision: We will reorient our service system from one that *manages homelessness* to one that *prevents and ends homelessness*.

The Goal: We will provide the opportunity for a full and dignified life in the community for every resident of Raleigh/Wake County through a comprehensive, coordinated effort to prevent and end homelessness in the next decade.

Guiding Principles: Realizing the vision and goal of the *10-Year Action Plan* requires bold action backed by strategic, thoughtful planning. The following principles underlie the Plan's objectives and strategies, and will serve as the foundation for planning and implementation throughout the 10-year process:

- *Evidence-based and promising practices*
- *Outcome-driven results*
- *Galvanizing the community*
- *Consumer-centered services*
- *Cultural competence*
- *Resilience and recovery*

The 10-Year Action Plan Objectives and Strategies

We listened to our citizens, read and distilled the research literature, reviewed innovative programs from around the country, analyzed other 10-year plans to end homelessness, inventoried current resources in Raleigh/Wake County, and identified service gaps. From this comprehensive analysis and much thoughtful planning, we have developed objectives, strategies, multiple action steps and benchmarks. Outlined below is a list of the objectives and strategies.

Objective 1: PREVENTION Prevent individuals and families from becoming homeless through comprehensive discharge planning and targeted resources.

- Create and execute comprehensive discharge plans for people leaving institutions.
- Design and implement an integrated prevention effort.
- Pursue prevention activities within the public school system.

Objective 2: ENGAGEMENT Expand and coordinate outreach and engagement efforts and create short-term housing capability to engage or re-engage people who are homeless into permanent housing and mainstream health, behavioral health, and social service systems.

- Develop Safe Havens (HUD-funded facilities providing

shelter and services to hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services).

- Create and implement a 24/7 housing crisis response plan.
- Phase down shelters and replace with service-enhanced short-term housing that links people with permanent housing.
- Strengthen and coordinate outreach and engagement efforts.

Objective 3:

HOUSING Expand the availability and choices of permanent housing that are affordable to individuals and families with extremely low incomes.

- Increase the supply of permanent affordable housing.
- Develop resources for supportive services available to those in housing.
- Educate funders, developers, and citizens.
- Establish a Housing First model (permanent housing provided immediately to persons who are homeless, along with voluntary supportive services).

Objective 4: EMPLOYMENT/EDUCATION Create education, job training, and competitive employment opportunities specific to the needs of individuals and families who are homeless, recently homeless, or at risk of homelessness, including those with mental illnesses and/or substance use disorders and youth ages 16-21.

- Design and implement education, job readiness, and



A worker would have to earn \$11.57 per hour (225% of the current minimum wage) to afford a two bedroom apartment at our area's fair market rent.

“When I came to [the shelter] I was hoping there would be job placement, not just food and shelter.”

“So much can happen for a person who has not given up on themselves, especially when given opportunities to find a job.”

“We all want to be self-sufficient in homes that are clean and drugfree.”

— Quotes from people who were homeless at the time of the focus groups.

- training programs.
- B. Establish an “Employment First” program for residents of supportive housing (an opportunity for employment to all who want to work).
- C. Fund services that support employment.
- D. Develop specialized training and employment services for people who are or have recently been homeless and who have disabilities.

Objective 5: SERVICES AND SUPPORTS

Enhance services and supports for people who are homeless, at-risk of homelessness, or recently homeless to help them achieve maximum independence and self-sufficiency.

- A. Expand the capacity to serve people with mental illnesses and/or substance use disorders.
- B. Expand current multi-service centers to serve as “one stop shops.”
- C. Implement targeted services for those with special needs.
- D. Promote an integrated, comprehensive system of care.

Supporting Elements

Several key components will support the implementation process. Strong leadership and oversight, clearly defined roles and responsibilities, and inclusion of the broad range of stakeholders in meaningful ways drive the structure for implementation.

Evaluation and public communications are vital to the success of the *10-Year Action Plan*. To ensure accountability to the public, progress and outcomes will be shared through an annual Community Report Card. Public communications will include two primary

functions: increasing public awareness and understanding of homelessness in our community, including putting a “human face” on homelessness; and publicizing the myriad opportunities that will be created for individuals, congregations, neighborhood groups, and others to become directly involved in preventing and ending homelessness.

Our Next Steps

Developing *Ending Homelessness: The 10-Year Action Plan* has been a broad-based, collaborative, and mindful process. The objectives, strategies, and specific action steps described in the body of the plan rely both on the research base regarding current best practices and on the perspectives of more than 400 local participants who provided input throughout the planning period. This unprecedented community-wide initiative has produced an Action Plan that is ambitious yet achievable, innovative yet grounded in reality.

Each of the five Plan objectives will be addressed by an Action Team whose members will work together to organize and ensure accomplishment of Plan strategies and action steps. Your help is needed! To join the workforce of community volunteers and dedicated staff, call Triangle United Way at 919-460-8687 and ask for the Homeless Specialist. You can get more information about meetings, schedules and contacts at www.raleighnc.gov. Select “Current Projects – Ending Homelessness.”

The job has just begun. Through continuing community involvement and commitment to the goal, we will effectively end homelessness in Raleigh and Wake County by the year 2015.

Background

Despite two decades of federal support, statewide planning, and local initiatives, the number of individuals and families who are homeless continues to rise. An estimated 842,000 adults and children in the United States are homeless in a given week, with 3.5 million adults and children experiencing homelessness over the course of a year (Burt et al., 2001).¹ Indeed, homelessness is now a \$2 billion a year industry (NAEH, 2000).

Homelessness is a challenging problem with no single or simple solution. Generally, people are homeless because of a complex interplay of individual risk factors and structural barriers that must be addressed in any comprehensive system to prevent and end homelessness.

Who is Homeless?

The homeless population is heterogeneous and includes single adults, families with children who are homeless, and unaccompanied youth. Nationally, the majority of people who are homeless (66 percent) are unaccompanied adults, but family homelessness is growing at a higher rate than other subgroups of homelessness. Children under age 18 with a parent make up nearly one quarter of people who are homeless; 42 percent of the children are under the age of five.

In Raleigh, the South Wilmington Street Center, the largest of the city's eight homeless shelters, served 1,895 different men last year, with a total of 73,450 overnight stays and 90,550 meals. In Wake County, 1,235 people were counted in a one-day survey of homelessness in December 2003, which provides a single "snapshot" of who was homeless on that particular day—the numbers are far higher on an annual basis². In addition to those counted in shelters, 102 people were found outdoors living on the streets. Another 15,000 people were living doubled up with family or friends and were at risk of homelessness. Single homeless men account for 50 percent of the homeless population and people in families who are homeless represent 33 percent. Nearly a quarter of people who are homeless in Wake County are children and youth.



In Raleigh, the South Wilmington Street Center, the largest of the city's eight homeless shelters, served 1,895 different men last year, with a total of 73,450 overnight stays and 90,550 meals.

¹ Unless otherwise noted, the national statistics are from Burt et al., 2001.

² All statistics on homelessness in Wake County are taken from the December 15, 2003 point-in-time-count conducted by the Wake Continuum of Care.

Twenty-nine percent of people who are homeless in Wake County have serious mental illnesses and 56 percent have chronic substance use disorders. Many have both disorders.

Individual Risk Factors

A number of individual risk factors may lead to or prolong homelessness. For example, racial and ethnic minorities, who are more likely to be poor and to lack access to health care, are overrepresented in the homeless population. Nationally, 40 percent are African American, 11 percent are Hispanic, and 8 percent are Native American.

Sixty-three percent of people who are homeless in Wake County are African American, compared to 28 percent in the general county-wide population.

A significant percentage of people who are homeless have mental illnesses and/or substance use disorders and chronic physical conditions. Nationally, almost half (46 percent) of adults who are homeless and use services report chronic physical disorders. Sixty-six percent report either substance use and/or mental health problems. Serious health and behavioral health disorders make it difficult for individuals to find and retain housing, maintain employment, and navigate the health, housing, and social service systems.

Twenty-nine percent of people who are homeless in Wake County have serious mental illnesses and 56 percent have chronic substance use disorders. Many have both disorders.

Many of these individuals are among the group we now refer to as “chronically homeless.” According to research by Kuhn and Culhane (1998), the chronically homeless population accounts for 10 percent of shelter users but consumes half of the total shelter days. Another 10 percent of people who are homeless are considered episodically homeless (people who shuttle frequently in and out of the shelter system), and the remaining 80 percent are transitionally homeless (people who typically exit the shelter system after a short stay).

At 19 percent, Wake County’s population of people who are chronically homeless is nearly twice the national average.

Trauma/domestic violence is another individual risk factor that may lead to or prolong homelessness. The rate of trauma among women who are homeless is staggering. Researchers found that 92 percent of women who are homeless report severe physical and sexual assault over the lifespan, often beginning in childhood (Bassuk et al., 1996). Such trauma may precipitate or exacerbate mental illnesses and substance use disorders, and mental and addictive disorders make women more vulnerable to abuse.

In Wake County, 83% of female-headed homeless households have recent domestic violence as one contributing factor to their homelessness.

Finally, people who become homeless generally have small social support networks and the members of their networks often are unable to offer material help (SAMHSA, 2003). Any attempt to end homelessness in a city, a state, or the nation must take into account all of the vulnerabilities that people who are homeless have.

Structural Barriers

Individual risk factors only tell part of the story. Chief among the reasons individuals and families become homeless is a set of structural barriers that includes poverty, lack of affordable housing, low wage structures, and fragmented services. Unbeknownst to most community members, the majority of adults who are homeless in Raleigh and Wake County work at full or part-time jobs. This fact speaks volumes about the need to address the structural barriers that contribute to

homelessness. Any serious attempt to prevent and end homelessness must begin to address these issues. Consider these facts about our community:

- According to the 2000 census, 11.5 percent of Raleigh residents are living below the poverty line, defined for that year as \$8,794 for a single person and \$17,603 for a family of four.
- More than one third of all renter households in Raleigh have incomes below 50 percent (\$29,344) of the area median household income, which was \$58,689 in 2002.
- In Raleigh, there is a deficit of 25,000 housing units available to households earning less than 40 percent (\$23,475) of area median household income.
- Thirty-five percent of area renters pay more than 30 percent of their income toward rent (considered to be a cost burdened household), and another 16 percent pay more than 50 percent (considered to be severely cost burdened), putting them at risk for homelessness.
- A minimum wage worker in Wake County (making \$5.15 per hour) would have to work 119 hours a week to afford a two-bedroom apartment at the area's fair market rent of \$799 per month, as defined by the US Department of Housing and Urban Development (HUD).
- In Wake County, the average income of individuals with mental illnesses, developmental disabilities, and substance use disorders who are clients of Wake County Human Services is \$6,600 per year.
- Supplemental Security Income (SSI), the sole source of income for many people who are disabled, works out to \$3.18 per hour (assuming 40 hours per week).

People who are homeless require a broad range of housing, health and mental health care, substance abuse treatment, and social services, all of which typically are provided by separate agencies with their own funding streams, eligibility criteria, and treatment philosophies. Fragmentation is evident at the federal level, as well, where 50 programs administered by eight federal agencies can be used to provide services to people who are homeless (GAO, 1999).

The High Cost of Homelessness

Ending and preventing homelessness is the right thing to do both in terms of improving the quality of vulnerable people's lives and in terms of fiscal responsibility. People who are homeless make extensive use of costly resources, such as hospital emergency services, psychiatric hospitals, jails, and police and court time.

A single man, homeless and with untreated serious mental illness, can easily run up a monthly bill of over \$5,000, all publicly funded. For example, if this individual were hospitalized at Dorothea Dix Hospital for just six nights, which is the average length of admission, that alone would cost \$3,564; if he were jailed for six nights, which is another typical scenario, the cost would be lower (\$45.26 per night, plus medical expenses), yet still many times more expensive than permanent housing and supports.

Usage of public systems, and thus costs, vary from month to month. The typical single male "chronically homeless" person with serious mental illness is hospitalized and/or jailed at least several times per year, as well as



People who are homeless make extensive use of costly resources, such as hospital emergency services, psychiatric hospitals, jails, and police and court time.

Homelessness is an insidious drain on public resources.

having multiple contacts with police as well as other public agencies. While there are typically some months where an individual's service usage may be half or one third of the nearly \$6,000 monthly costs itemized in the table below, this level of cost is not at all unusual.

Single man, homeless and with serious mental illness, untreated - one month's costs:

Service	Cost Per Unit	Total Cost
South Wilmington Street Shelter – 24 nights	\$23/night	\$552
1 Emergency Medical Services (EMS) transport	\$425, plus 5.75/mile	\$440
1 Emergency Department visit to a local hospital	\$893	\$893
1 Raleigh Police Department transport	\$61-\$368	\$250
1 Wake County Human Services' Crisis Assessment	\$176	\$176
1 stay at Dorothea Dix Hospital – 6 nights (average length of stay)	\$594/night	\$3,564
TOTAL APPROXIMATE MONTHLY COSTS		\$5,875

In contrast, the cost of supportive housing (CASA housing and Wake County Human Services' services) is \$33.43 per day, which works out to just over \$1,000 per month. Clearly, it is dramatically more costly to support people in continuing to be homeless than it is to support ending their homelessness – especially for those with the greatest needs.

Family homelessness continues to grow in Raleigh and Wake County, with the typical family being a mother and two young children. Most parents who are now homeless could and would be productive workers and taxpayers if they received the services they need to become and remain stable in their homes. Public funds will go much farther, and families will be much better off, if we provide those with limited earning power with services such as daycare subsidies and public transportation vouchers which will help them keep their jobs and afford their rent. Maintaining employment will allow them to house, clothe, and feed themselves and their children. Job training and education that enable people to improve their employment prospects are an excellent way to redirect public funds saved by reducing homelessness. The short-term costs pay off in long-term benefits to the recipients and to the community.

Of course, the costs of family homelessness extend far beyond the dollars spent on food, shelter, and services. Every day a child spends without a home is another day of uncertainty and anxiety, which has both short and long-term consequences for children's ability to learn, develop, and grow into confident, competent adults.

Homelessness is an insidious drain on public resources, eating up taxpayer dollars that instead could be used to improve community assets and opportunities. We are spending far too much on the 19% of people considered “chronically homeless,” who rotate in and out of shelters, jails, and hospitals, rather than providing them with treatment and services that will end this vicious cycle. We are spending far too much to temporarily house individuals and families who have lost their housing due to non-payment of rent or personal crisis, rather than providing them with eviction prevention help up front. We are spending far too much supporting mothers and their children in transitional housing for many months following their escape from domestic violence, rather than providing them with a proven model of short-term housing accompanied by intensive services that will enable quick restabilization.

It is clear that targeting activities that provide our most needy community members with affordable housing, stability,

and opportunities to work and be active members of our community is an investment with far-reaching benefits. We can't afford to do otherwise.

What We Are Learning from Our Citizens

The public forums and focus groups produced a tremendous number of ideas and priorities for action. Some primarily involve redirection of resources and staff or are readily achievable policy changes. Others require major new funding, dramatic changes in policy directions, and new ways of doing business for agencies and the community at large. The issues receiving the most attention are listed below. To read a complete summary, see *Forums and Focus Groups: Summary of Individual Suggestions and Recommendations* at www.raleighnc.gov (select Current Projects - Ending Homelessness).

- **Focus on community buy-in/public awareness**, including public education to overcome stereotypes and fears, and teach people the reasons for homelessness.
- **Provide services that are integrated, comprehensive, and readily accessible**, including increased communication and collaboration among agencies, government, and faith groups.
- **Change mainstream programs to increase flexibility, responsiveness, and service availability**, including policy and structural strategies that reduce barriers to service.
- **Address barriers to employment and jobs that pay sufficient wages**, including a wide variety of employment training opportunities, both institutional and workplace-based.
- **Create more affordable permanent housing for a broader population**, including a much greater number of affordable housing units, increased subsidies, and more supportive housing with ready access to services and trusted helpers.
- **Attend to the unique needs of special populations**, including people with mental illnesses and/or substance use disorders, those in poor health, victims of domestic violence, families, youth, immigrants and refugees, people released from jail or prison, and veterans.



For those individuals who become homeless, multidisciplinary teams conduct street outreach.

What We Have Done in the Last Decade

In 1993, the Wake County Task Force on Area Homelessness, in the face of a growing problem of homelessness and a dire lack of services and supports, took on a mission to “develop a unified, county-wide network of strategies to prevent, as well as to reduce, homelessness in Wake County.” The Task Force report on this effort wisely advised that “Wake County needs to address homelessness not as a temporary emergency, but as a persistent social trend that must be systematically and pro-actively addressed.” (Wake County Task Force on Area Homelessness, 1993)

Since that time, real strides have been made. Raleigh/Wake County now has a wide array of service responses for people who are homeless, including those with special health and behavioral health care needs, and for people at risk of homelessness. A number of Raleigh and Wake County agencies provide various pieces of homelessness prevention strategies, including rental assistance and other cash benefits, free legal advice, intensive case management, tenant education, and advocacy. For those individuals who become homeless, multidisciplinary teams conduct street outreach.

Like many communities around the country, we are missing several elements of a comprehensive, coordinated system of care designed to prevent and end homelessness.

Emergency shelters and transitional housing programs serve individuals and families in need of crisis and short-term housing. In 2000, the city, county, and Urban Ministries of Wake County collaborated to create separate, 24/7 emergency shelters: the South Wilmington Street Center, renovated and now operated by the County, has 231 beds for men, both emergency and transitional; the Helen Wright Center for Women shelters and serves up to 40 women nightly. Wake Family Entry, a collaboration between Pan Lutheran Ministries and Wake County, houses 21 families nightly, with plans to increase the capacity to 27. Passage Home serves both families who have lost their homes as well as individuals leaving prison through its growing number of transitional housing units.

In 2001, The Healing Place of Raleigh opened, serving up to 180 homeless men with substance abuse. The Healing Place, which provides emergency shelter and long-term residential substance abuse services through a mutual self-help program, filled a tremendous service gap and has literally been a life-saving resource for many of its clients.

The city, the county and Wake Continuum of Care non-profits support a number of HUD Shelter Plus Care and Supportive Housing Program projects. In 2003 and 2004, the City of Raleigh and Wake County contributed approximately \$250,000 each in matching funds for these grant programs. CASA, which was created in 1992, has since developed 229 units of affordable rental housing through HUD Continuum of Care grants. Several other agencies provide similar housing.

City and county programs such as the Joint Venture Rental Program, Rental Property Acquisition Program, and Capital Improvement Plan support affordable housing development. In 2003, DHIC Inc. developed Lennox Chase (36 one-bedroom units), the county's first affordable housing development specifically for individuals who were formerly homeless. Raleigh and Wake County contributed funds for its development; Wake County Human Services provides support services.

Programs designed to meet the employment needs of individuals at risk of homelessness include those directed at non-custodial parents, low-income Hispanic families, and families receiving Temporary Assistance to Needy Families (TANF). Taken together, public and private non-profit agencies, as well as volunteers from faith and community groups throughout Raleigh and Wake County, offer an impressive number of services for subgroups within the homeless population. These include people who are homeless with medical problems, people who have been victims of domestic violence or sexual assault and their children, people with HIV/AIDS, women with co-occurring serious mental illnesses and substance use disorders, men with histories of chronic homelessness, men with substance use disorders, women who have left the criminal justice system, youth, and veterans, among others.

What Is Missing

Many dedicated and hard-working individuals have devoted themselves to helping meet the needs of individuals and families who are homeless in Raleigh and Wake County. Unfortunately, most responses remain primarily partial and stopgap measures, rather than community-wide, lasting solutions that will end and prevent homelessness throughout Raleigh and Wake County. Like many communities around the country, Raleigh/Wake County is missing several elements of a comprehensive, coordinated system of care designed to prevent and end homelessness. These components, all of which are addressed in the five objectives of the *10-Year Action Plan* include:

- A coordinated response among outreach teams and various service agencies that avoids duplication of services, inefficiencies, and difficulties for people who are homeless and may not know where to begin their search for help.
- Affordable housing for those with the lowest incomes and employment opportunities for people with special needs.
- A coordinated approach to discharge planning that does not tolerate discharges to shelters and other unstable housing for people leaving hospitals and jails or prisons and youth leaving the foster care system.
- Adequate services, such as transportation, job training and day care, which can support people who are homeless to regain stability and independence.
- A community-wide plan to address major mental health system changes (primarily the closing of Dorothea Dix Hospital) in ways that will both reduce the risk of homelessness among people with mental illness and will consider community-wide interests and needs.
- Adequate treatment and supports for those with special needs, such as chronic medical conditions, substance abuse problems, language barriers, and survivors of domestic abuse.

Where We Go From Here

We listened to our citizens, read and distilled the research literature, reviewed innovative programs from around the country, analyzed other 10-year plans to end homelessness, inventoried current resources in Raleigh/Wake County, and identified service gaps. From this comprehensive analysis and much thoughtful planning, we have developed our 10-year action plan to prevent and end homelessness, *Ending Homelessness: The 10-Year Action Plan*. Our plan is a call to action.

A tremendous amount of time and effort was devoted to fleshing out the five objectives and strategies to ensure an ambitious yet realistic plan to achieve our goal. The *10-Year Action Plan* includes an *Outcome*, *Statement of Need*, and proposed members for the *Action Team* for each objective. Each strategy is followed by two to five specific *action steps*, and a *benchmark* that serves as the measure for accomplishment of each step.

Three supporting elements received close attention as the plan was developed. A strong central coordinating body will define and assign roles and authority for plan implementation; an ambitious evaluation effort backed by thorough data-gathering will measure progress and ensure accountability; and a strong public communications arm will enhance understanding and encourage the public involvement that is vital to the success of the *10-Year Action Plan*.

Another document, the *10-Year Action Plan Workbook*, supplements and expands upon the *10-Year Action Plan*. It represents additional Planning Team work that has gone into developing preliminary implementation milestones for the action steps. This is an informal working document that will be reviewed, revised, and updated by the Action Teams as they proceed to turn the action steps into reality. Copies are available on-line at www.raleighnc.gov (select "Current Projects - Ending Homelessness").

We know there is no easy fix. Preventing and ending homelessness requires an active commitment and investment of time and resources from many sectors of our community. *Ending Homelessness: the 10-Year Action Plan* is the beginning of a multi-year effort to improve the quality of life for our most vulnerable citizens and for the community as a whole. We *can* and we *must* end homelessness because every man, woman, and child who is homeless or at risk of homelessness in Raleigh/Wake County deserves nothing less.



Preventing and ending homelessness requires an active commitment and investment of time and resources from many sectors of our community.

Vision, Goal and Guiding Principles

We must reach out to and engage individuals who are the most reluctant to accept help, connecting or reconnecting them to needed housing, health and behavioral health care, and social services.

The Vision

We will reorient our service system from one that manages homelessness to one that prevents and ends homelessness.

The Goal

We will provide the opportunity for a full and dignified life in the community for every resident of Raleigh/Wake County through a comprehensive, coordinated effort to prevent and end homelessness in the next decade.

Ending Homelessness: The 10-Year Action Plan has one overriding goal that reflects our vision, our values, and all we have learned during the planning process and from our years of experience working with people who are homeless. In particular, we know that:

- To make any serious dent in the problem at all, we must prevent homelessness from happening in the first place.
- We must reach out to and engage individuals who are the most reluctant to accept help, connecting or reconnecting them to needed housing, health and behavioral health care, and social services.
- Housing, employment/education, and supportive services form the three-legged stool of self-sufficiency for people who are homeless or at risk of homelessness; each is important in and of itself but not sufficient without the others.
- To gain or regain a life in the community, individuals need to become self-sufficient to the extent possible.
- We have to educate the community about the problems of people who are homeless and effective strategies to address their needs.

Guiding Principles

The following six principles drive the 10-Year Action Plan objectives, strategies, and action steps. They will serve as a touchstone for planning and implementation throughout the process, to ensure that all policy, program, and funding decisions are based on these key axioms:

- **Evidence-based and promising practices.** There is a wealth of evidence-based and promising practices that we know can prevent and end homelessness, even for individuals and family members with the most serious disabilities. We owe



it to the people we serve to use the best that research and practice have to offer. Often, these strategies are less costly in both human and economic terms.

- **Outcome-driven results.** We must measure the results of our work by whether it makes a difference in the lives of the people we serve and is an effective use of scarce resources. Strategies that both reduce costs and produce positive outcomes—for example, an increase in number of days housed, a decrease in symptoms of mental illnesses and substance use disorders, and consumer satisfaction—will be most successful in preventing and ending homelessness for our most vulnerable citizens.
- **Galvanizing the community.** The 10-Year Action Plan requires a paradigm shift: from seeing homelessness as a singular problem best left to the “experts” to accepting community ownership of the causes and the solutions. It requires treating what we do as individuals, congregations, service agencies, or government entities as parts of the “bigger picture” and offering multiple options for individuals and groups to contribute to the effort. The 10-Year Action Plan challenges all parties to examine their programs, policies, and principles and redirect those that may sustain homelessness to those that prevent and end homelessness.
- **Consumer-centered services.** People who are homeless must participate in designing, delivering, and evaluating services created to address their needs. A well-known tenet of the mental health consumer movement that says “nothing about us without us” is equally applicable to people who are homeless (SAMHSA, 2003). Research indicates that individuals with serious mental illnesses given a choice of where to live are more likely to remain housed and be satisfied with their housing (Srebnik et al., 1995).
- **Cultural competence.** Racial, ethnic, and cultural differences can determine how individuals define their problems, how they express them, whether or not they seek help, from whom they will accept help, and the treatment strategies they prefer (HHS, 2001). The foundations of cultural competence—accepting differences, recognizing strengths, and respecting choices—are critical to providing appropriate services to people who are homeless.
- **Resilience and recovery.** The good news is that people with serious mental illnesses and/or substance use disorders can and do recover (SAMHSA, 2003). People also recover from homelessness. Recovery is a process that involves reclaiming a sense of self and a life in the community. Programs that build on individuals’ and families’ resilience facilitate recovery.

We must measure the results of our work by whether it makes a difference in the lives of the people we serve.



Objectives, Strategies, and Action Steps

Objective 1: PREVENTION

Prevent individuals and families from becoming homeless through comprehensive discharge planning, targeted resources, research, and advocacy.

Outcome: A reduction in the number of people with identified risk factors for homelessness who become homeless.

Statement of Need: Preventing homelessness is more cost-effective and humane than allowing people to become homeless in the first place; any community effort to end homelessness must include substantial prevention resources. Indeed, as Burt (2001) notes, “When assistance is restricted to those who are homeless tonight, not much can be done to prevent homelessness tomorrow.”

Prevention Action Team: To include, among others, Wake County Human Services, Wake County Public School System, Dorothea Dix Hospital, Men’s and Women’s Prison, Wake County jail, area hospitals, Wake Continuum of Care, Wake Re-entry Cluster, Raleigh Organizing for Action and Results (ROAR), Triangle Interfaith Alliance, and advocacy and consumer groups.

Strategy A: Create and execute comprehensive discharge plans for people leaving institutions.

Create and execute comprehensive, client-centered discharge plans coordinated with community agencies for individuals leaving foster care, mental health facilities, jails and prisons, and medical facilities who are at risk of homelessness.

Action Steps:

1. Develop a city/county plan that increases collaboration among facilities in discharge planning and prohibits publicly funded agencies and facilities from discharging any individual to the streets, to shelters, or to any other housing option that has not been independently confirmed.
Benchmark: Discharges to unstable housing options decrease by 80%.
2. Undertake a demonstration program for 18-21 year olds aging out of foster care. Require that prior to discharge from the system, clients have six continuous months of the following: residence in safe, affordable housing (based on their preference); participation in education/training programs or a stable job or other source of income (e.g., disability benefits); involvement with community social/recreational activities; and regular contact with a community-based volunteer mentor/advocate.
Benchmark: 90% of proposed youth enrolled.

**“When assistance
is restricted to
those who are
homeless tonight,
not much can be
done to prevent
homelessness
tomorrow.”**

— Burt (2001)

3. Require that caseworkers assigned to individuals leaving mental health facilities make a discharge plan with each client, with emphasis on community-based mental health treatment (including Assertive Community Treatment (ACT) teams), access to medications, housing, and social support services, such as a psychosocial clubhouse or peer-run drop-in center. This effort must focus on community transition plans for long-term patients as Dorothea Dix Hospital prepares to close.

Benchmark: 80% of individuals leaving mental health facilities have a discharge plan that successfully links them to housing and appropriate community-based treatment and support.

4. Design and implement a jail “in-reach” program that assigns community caseworkers for comprehensive discharge planning with offenders who are multiple recidivists. Follow-up with special emphasis on obtaining housing, employment or education, life skills training, and linkage to needed mental health, substance abuse, and medical care services.

Benchmark: 90% of proposed offenders are enrolled.

Strategy B: Design and implement an integrated prevention effort.

Design and implement a prevention effort for individuals and families at risk of homelessness, combining emergency assistance funds with short-term intensive support from professional caseworkers, and follow-up by local faith-based or other nonprofit organizations.

Action Steps:

1. Identify and bring together key stakeholders, including targeted prevention programs, faith-based and other nonprofit organizations, as well as consumer representatives, to review existing research and design an integrated prevention plan. Address issues such as agency roles and responsibilities, participant criteria, volunteer recruitment, follow-up processes, training needs, and the implementation timetable.

Benchmark: An integrated prevention plan is adopted for implementation.

2. Carry out the integrated prevention plan.

Benchmark: 80% of clients proposed for the first phase are being served; new benchmarks are set for succeeding years.

Strategy C: Pursue prevention activities within the public school system.

Target prevention activities within the public school system to all school-aged children to provide education on homelessness and provide “in-reach” services to identify those who are at greater risk of becoming homeless.

Action Steps:

1. Work with the Wake County School Public School System to develop a specific curriculum of activities to educate school aged children about homelessness, factors contributing to homelessness and our plan to end homelessness.

Benchmark: Curriculum is developed, approved and implemented.

2. Increase the number of social workers in relation to students (currently at 1 to 2,714) to the nationally-recognized standard of 1 to 800, to ensure that social workers can identify and offer early intervention to children and youth at risk of dropout, suspension, or homelessness and their families.



Family homelessness is growing by an estimated 11% each year.

...outreach to
disengaged
homeless people,
often street and
woods dwellers,
is now considered
the first and most
important step...

—SAMHSA, 2003

Benchmark: The standard of 1 social worker to 800 students is achieved in 90% of schools.

3. Strengthen program to train peer mentors to work with their peers who are at risk of dropout, suspension, or homelessness.

Benchmark: Peer mentors are trained and available in 75% of public schools.

4. Develop and deliver educational programs about domestic violence that offer children and youth the tools they need to be safe, self-confident, and secure.

Benchmark: 80% of public middle school students attend domestic violence education classes.

5. Engage faith-based and other voluntary organizations in efforts to create more high quality before and after-school activities for children and youth who are homeless or at-risk of homelessness.

Benchmark: There is a 75% increase in high quality before and after-school programs provided by faith-based and other nonprofit organizations.

Objective 2: ENGAGEMENT

Expand and coordinate outreach and engagement efforts and create short-term housing capability to engage or re-engage people who are homeless into permanent housing and the health, behavioral health, and social service systems.

Outcome: Decrease the time between initial outreach contact and engagement in health, behavioral health, housing, and social services and reduce the number of people who are chronically homeless.

Statement of Need: Once believed to be a nontraditional service, outreach to disengaged homeless people, often street and woods dwellers, is now considered the first and most important step in engaging and connecting/reconnecting individuals with needed mental health, substance abuse, healthcare, and social services and to housing (SAMHSA, 2003).

Engagement Action Team: To include, among others, Wake County Human Services, Haven House, The Women's Center, CASA, Raleigh Rescue Mission, Helen Wright Center for Women, Wake Continuum of Care, Passage Home, Weed and Seed Steering Committee, advocacy and consumer groups.

Strategy A: Develop Safe Havens.

Develop Safe Havens (low demand supportive housing) as engagement housing for people who are chronically homeless and who have serious mental illnesses and/or substance use disorders.

Action Steps

1. Plan for the first Safe Haven: identify location, number of units, recruitment criteria and strategy, length of stay, staff support, etc.

Benchmark: Safe Haven funding request is submitted to HUD.

2. Open the first Safe Haven.

Benchmark: The Safe Haven is at 80% capacity; 50% of residents have transition plans in place.

3. Develop one to three additional Safe Havens, refining the strategies used for the first one.

Benchmark: One to three additional Safe Havens are operating.

Strategy B: Create and implement a 24/7 Housing Crisis Response Plan.

Develop a 24/7 service for the community that provides immediate information, referral and crisis management for persons currently experiencing housing emergencies.

Action Steps:

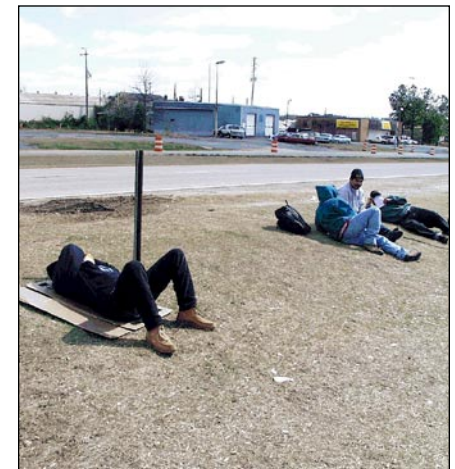
1. Review current and potential resources and needs for short-term (generally one to two nights) crisis housing.
Benchmark: An inventory of current and potential resources, including hotels/motels, along with crisis housing needs, is completed.
2. Develop a coordinated housing crisis response plan, including centralized referral and ability to enlist hotels/motels for crisis housing on an as-needed basis.
Benchmark: The Housing Crisis Response Plan is finalized to address referral, housing, and information.
3. Carry out Housing Crisis Response Plan.
Benchmark: 80% of individuals and families meeting the criteria for crisis housing will be placed for short-term stays (generally one to two nights) in crisis housing.

Strategy C: Phase down shelters and transitional housing and replace with service-enhanced short-term housing that links people with permanent housing.

Gradually replace emergency shelters and transitional housing with targeted short-term housing models that will provide a brief and supportive transition to permanent housing.

Action Steps

1. Develop short-term housing standards and processes, including staffing, services, supports, recommended lengths of stay, and interagency linkages that enable individuals and families to quickly and successfully move to permanent housing.
Benchmark: Service-enhanced short-term housing models are adopted, tailored to specific groups, e.g., mothers with children, individuals with histories of chronic homelessness, youth without homes.
2. Review shelter and transitional housing resources, assess short-term housing needs, and create plan to gradually phase down shelter beds and to replace shelters and the various types of transitional housing with the service-enhanced short-term housing models designed to link individuals and families to permanent housing.
Benchmark: A shelter phase-down and short-term housing plan is in place, including timelines, staffing needs, and costs, and implementation begins.
3. Hire and train additional case managers to help residents of short-term housing make plans for permanent housing and self-sufficiency and provide services or make referrals to mainstream services.
Benchmark: 80% of new case managers are in place and trained.



Single men who are homeless are much more likely to go without shelter and be chronically homeless than single women who are homeless.

**In Wake County,
there remains a
gap of at least
25,000 units
of affordable
housing, and
more than
15,000 people
are precariously
doubled up with
relatives or
friends.**

4. Connect short-term housing consumers to the network of permanent housing resources to increase their access to permanent, affordable housing.

Benchmark: 90% of short-term housing consumers access the housing resource network services.

Strategy D: Strengthen and coordinate outreach and engagement efforts.

Strengthen outreach and engagement efforts by eliminating duplication of effort, addressing gaps in services, and providing key services at a central location.

Action Steps

1. Determine overlaps and gaps in outreach services.

Benchmark: Overlaps and gaps in outreach services are identified.

2. Develop and implement a plan to eliminate duplication of effort, coordinate care, track savings, and use savings to fill gaps in outreach services, including adding outreach capacity to address unmet need.

Benchmark: Planned outreach capacity is added, funded through savings.

3. Enhance willingness and ability of providers such as law enforcement, health care providers (including first responders), and public housing authorities to call on outreach teams to avoid crises and connect people who are homeless or at risk of homelessness with appropriate services.

Benchmark: Referrals to crisis intervention programs from specified providers increase by 25%.

4. Strengthen the ability of community groups and individuals, such as churches, small businesses, neighborhood organizations, and community members to respond to individuals in need of outreach and call on outreach teams to respond.

Benchmark: There is a continued increase in referrals of people who are homeless to outreach teams from community groups and individuals.

5. Expand availability, resources and use of drop-in centers, including phones, showers, laundry, clean clothes, storage area for personal belongings, a place to receive mail, Internet access, community voicemail, and linkage to a range of housing, health and behavioral health services, and social services.

Benchmark: Use of drop-in services increases by 25%.

Objective 3: HOUSING

Expand the availability and choices of permanent housing that are affordable to individuals and families with extremely low incomes.

Outcome: Establish and meet target increases in the availability of safe, affordable, permanent housing appropriate to the needs of individuals and families who are homeless or at risk of homelessness.

Statement of Need: It goes without saying that people are homeless because they have no place to live. In Wake County, there remains a gap of at least 25,000 units of affordable housing, and more than 15,000 people are precariously

doubled up with relatives or friends. But the mantra of “housing, housing, housing” as the answer to the crisis of homelessness has given way to the understanding that many individuals and families, especially those with mental illnesses and/or substance use disorders, need supportive services to help them remain in housing.

Housing Action Team: To include, among others, City of Raleigh Community Development Department, Wake County Housing and Community Revitalization Department, Wake Continuum of Care, NC Housing Financing Agency, NC Division of DD/MH/SA, Raleigh Housing Authority, Wake County Housing Authority, Campaign for Housing Carolina partners, nonprofit housing developers, banks and other financial institutions, advocacy groups.

Strategy A: Establish a Housing First model.

Establish a Housing First model of permanent supportive housing consistent with individuals’ needs, preferences, and priorities to serve people who are homeless. The Housing First model provides permanent housing immediately to persons who are homeless and offers the residents voluntary supportive services as long as they need them.

Action Steps

1. Develop a model of Housing First that responds to the unique needs of the homeless population and corresponds to the housing resources in Raleigh and Wake County.

Benchmark: A Housing First model is developed and adopted, with a designated agency leading the effort.

2. Fund and implement the Housing First model in 20 housing units.

Benchmark: The Housing First project is at 80% capacity; new benchmarks are set for additional Housing First projects.

3. Create a Housing First 20-unit pilot project with Raleigh Housing Authority and Wake County Housing Authority.

Benchmark: The Housing First pilot project is at 80% capacity.

Strategy B: Increase the supply of permanent affordable housing.

Increase the supply of permanent housing affordable to individuals and families at 0-40% of area median income to meet the deficit.

Action Steps:

1. Address regulatory and policy barriers to affordable housing development, which will lead to an increase in housing units for renters at 0-40% of area median income (assuming some level of subsidies/rental assistance).

Benchmark: 10% more units are available for renters at 0-40% of area median income in the first phase; new benchmarks are set.

2. Increase local funding for permanent housing for those at 0-40% of median income through targeting Wake County Capital Improvement Plan (CIP) funds and establishing a city/county Housing Trust Fund with a minimum of \$2,000,000 available annually.

Benchmark: Local funding for permanent housing for those at 0-40 percent of median income is increased by 20%.



According to the 2000 census, 11.5% of Raleigh residents are living below the poverty line, defined for that year as \$8,794 for a single person and \$17,603 for a family of four.

We will work
with local
congregations,
faith-based
groups and
other voluntary
organizations
to develop
a volunteer
network to
help support
newly-housed
individuals and
families.

3. Increase number of units available for persons at or below 15% of median income through incentives and funding for tax credit projects (those that put aside 25% of units for rents at or below a percentage of area median income, in return receiving bonus points and state credits).

Benchmark: 20 units are developed and ready for occupancy in the first phase; new benchmarks are set.

4. Develop a low-interest or interest-free loan program to help bring rental properties up to code.

Benchmark: 30% of rental properties that were not up to code are habitable due to the loan program.

5. Increase the annual allocation to the North Carolina Housing Trust Fund to \$50 million for housing production and rental subsidies for persons at 40% and below of area median income.

Benchmark: 50 units of housing and 20 rental subsidies are established through Housing Trust Fund funding in the first phase; new benchmarks are set.

6. Work to re-establish previous HUD policy, which allows the Raleigh Housing Authority and Wake County Housing Authority to negotiate the best value for Section 8 rental vouchers with area landlords.

Benchmark: The housing authorities provide a proposal to the appropriate HUD contacts to reinstate the negotiated rent policy, and enable housing authorities to distribute 10 additional rental subsidies with the savings from the negotiations.

Strategy C: Develop resources for supportive services available to those in supportive housing.

Develop resources to fund and provide access to supportive services to those in housing at levels appropriate to those individuals and families who have been chronically, acutely or intermittently homeless as well as those who are at risk of being homeless.

Action Steps:

1. Increase the capacity of the Supportive Housing Program at Wake County Human Services, and similar programs, to serve individuals and families who are at risk of being homeless through an array of services, including financial literacy, daily living skills, links to employment and health resources, and assistance with landlord communication.

Benchmark: An additional 130 households through the WCHS Supportive Housing Program, and an additional 40 in public housing developments, receive supportive housing services in the first phase of the initiative; new benchmarks are set.

2. Increase the capacity of current providers (non-profit and government) to provide appropriate services to those who move from interim to permanent housing so persons successfully maintain their housing. Services must be specialized and provided at levels appropriate to those individuals and families who are chronically, acutely or intermittently homeless.

Benchmark: New staff for participating agencies are hired and trained.

3. Work with local congregations, faith-based groups and other voluntary organizations to develop a volunteer network to help support newly-housed individuals and families, including volunteer recruitment and training, availability of expert advice, and access to crisis intervention resources.

Benchmark: 50 newly-housed individuals/families have volunteer support in the first phase of the initiative; new benchmarks are set.

Strategy D: Educate funders, developers, and citizens.

Promote a variety of affordable housing choices throughout Raleigh and Wake County for individuals and families.

Action Steps

1. Sponsor an annual Affordable Housing Development Forum for funders, developers, and consumers of services to provide information about incentive programs, address concerns, and share successful local models and models from other communities.

Benchmark: An Affordable Housing Development forum is held in year one, and scheduled annually.

2. Strengthen relationships and communication among city and county housing, zoning, and homeless services officials and landlords and owners' associations—including the Raleigh Housing Authority, Wake County Housing Authority, Triangle Apartment Association, and other private landlords.

Benchmark: Two meetings between city/county officials and landlords and owners' associations are held, with future bi-annual meetings scheduled.

3. Develop Good Neighbor Agreements, patterned after those created by the Ohio Community Shelter Board, to promote communication, respect, and trust among neighbors, residents of permanent supportive housing, service providers, and funders.

Benchmark: 80% of Citizen Advisory Councils have Good Neighbor agreements in place.

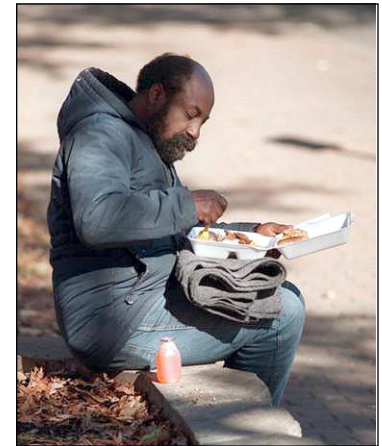
Objective 4: EMPLOYMENT/EDUCATION

Create education, job training, and competitive employment opportunities specific to the needs of individuals and families who are homeless, recently homeless, or at risk of homelessness, including those with mental illnesses and/or substance use disorders and youth ages 16-21.

Outcome: Increase competitive employment and employment-related education/training opportunities for people who are homeless, recently homeless, or at risk of homelessness.

Statement of Need: People who are homeless want and need to work at jobs that enable them to support themselves and their families. A survey of homeless assistance providers revealed that their clients cited “help finding a job” as their number one need, followed by help finding affordable housing, and help paying for housing (Burt et al., 1999).

Employment Action Team: To include, among others, Capital Area Workforce Development, Wake Tech, Triangle United Way, Wake County Public Schools, JobLink, Wake County Human Services, Wake Continuum of Care, Vocational Rehabilitation, Greater Raleigh and other Wake County Chambers of Commerce, top area employers, Wake County Public Libraries, consumer and advocacy groups.



At 19%, Wake County's population of people who are chronically homeless is nearly twice the national average.

**Unbeknownst to
most community
members, the
majority of adults
who are homeless
in Raleigh and
Wake County
work at full or
part-time jobs.**

Strategy A: Design and implement education, job readiness, and training programs.

Establish strategic alliances with the business and educational communities to design and provide education, job readiness, and training opportunities for individuals and family members who are homeless, recently homeless, or at-risk of homelessness.

Action Steps:

1. Support and enhance local business organizations, such as the Business Advisory Council and Chambers of Commerce to create models for training, hiring, and supporting people who are homeless, recently homeless, or at-risk of homelessness.

Benchmark: A minimum of 20 business leaders commit to hiring people who are homeless, recently homeless, or at risk of homelessness in the first phase of the initiative, with new benchmarks set for succeeding years.

2. Convene local business and education representatives to develop and deliver affordable, brief retraining courses designed to help people who are homeless and have a work history re-enter the competitive job market.

Benchmark: A minimum of 40 people who are homeless, formerly homeless, or at risk of homelessness are enrolled in re-training courses, with new benchmarks set for successive courses.

3. Target existing and design and implement new vocational training in skilled jobs (e.g., electrical work, plumbing, welding, automotive repair, etc.) through Wake Technical Community College's Vocational Technology Division.

Benchmark: A minimum of 20 people who are homeless, formerly homeless, or at risk of homelessness are enrolled in pre-existing and new vocational training courses, with new benchmarks set for successive courses.

4. Work in concert with the business community to re-establish a comprehensive program providing: job readiness and needs assessment, counseling, job development and placement, comprehensive case management, and peer support services for unemployed or under-employed adults seeking permanent employment (similar to the former Wake County Human Services Jobs for the Homeless Program.)

Benchmark: 80% of proposed number of clients for the first phase of the program are engaged in program services, with new benchmarks set.

5. Together with educational institutions, create a supported education program (e.g., GED, ABE) that offers individualized services to enable people who are homeless, at risk of homelessness, or recently homeless to enroll in or return to school, with a special emphasis on youth ages 16-21.

Benchmark: 80% of proposed number of clients for the first phase of the supported education program are enrolled, with new benchmarks set.

Strategy B: Establish an "Employment First" program for residents of supportive housing.

Establish employment opportunities that enable residents of supportive housing who express a desire to work to do so.

Action Steps:

1. Plan strategies to link employment to permanent supportive housing, with a focus on an "Employment First" approach.

Benchmark: A plan is developed and adopted.

2. Target “Employment First” opportunities through the agencies that serve permanent supportive housing residents (e.g., service agencies, housing agencies).

Benchmark: Employment opportunities are available and designated agencies (housing and service) have information about job openings for case managers to access for clients.

3. Work with the business community to create positions designed for permanent supportive housing residents in area service industries (fast food, hospitality, etc.)

Benchmark: A minimum of 25 positions designed for permanent supportive housing residents in area service industries are available in the first phase of the initiative; new benchmarks are set.

4. Create a menu and system utilizing existing and new “Employment First” opportunities to enable case managers to offer employment resources to any permanent supportive housing resident who expresses a desire to work.

Benchmark: A minimum of 10 permanent supportive housing residents are employed in the first phase of the initiative; new benchmarks are set.

Strategy C: Fund services that support employment.

Fund services and supports that enable individuals and family members who are homeless, recently homeless, or at risk of homelessness to participate fully in employment opportunities.

Action Steps:

1. Create additional subsidized day care openings for parents returning to work.

Benchmark: 80% of the new day care slots are filled for the first phase of the effort; new benchmarks are set.

2. Work to expand public and other transportation to individuals returning to work, including providing subsidies, increasing availability of public transportation on nights and weekends, and providing reverse commute rides (from urban areas to the suburbs).

Benchmark: Affordable transportation is available to 30% of homeless people who need such assistance to return to work; new benchmarks are set.

3. Provide professional or volunteer job coaches to offer on-the-job and follow-up support to individuals who are or have recently been homeless and need such services to maintain employment.

Benchmark: Professional and volunteer job coaches are hired/trained and begin work with clients; new benchmarks are set for the number of individuals who are homeless and have failed in at least two previous job placements who are linked with a job coach.

Strategy D: Develop specialized training and employment services for people who are or have recently been homeless and have disabilities.

Develop specialized job training and employment services for people who are homeless and have mental illnesses and/or substance use disorders.



We are spending far too much on the 19% of people considered “chronically homeless,” who rotate in and out of shelters, jails, and hospitals, rather than providing them with treatment and services that will end this vicious cycle.

Housing is
necessary but not
sufficient to help
people who are
homeless...Many
individuals and
families require
some level of
supportive services.

Action Steps:

1. Conduct a needs assessment and gaps analysis to determine the type of services that people who are homeless and have mental illnesses and/or substance use disorders need to gain and maintain employment and explore how to develop model programs.

Benchmark: Analysis of the needs assessment and gaps analysis is complete.

2. Develop a targeted supported employment program for people who are or have recently been homeless and improve access to existing employment programs serving people who have disabilities.

Benchmark: 80% of proposed clients for the first phase are enrolled in the supported employment program for people with serious mental illnesses and/or substance use disorders; new benchmarks are set.

3. Develop and operate social enterprises that provided employment for people with serious mental illnesses and/or substance use disorders who are or have recently been homeless, building on the success of currently operating social enterprises.

Benchmark: 80% of proposed social enterprise slots for the first social enterprise initiatives are filled; new benchmarks are set.

Objective 5: SERVICES AND SUPPORTS

Enhance services and supports for people who are homeless, at-risk of homelessness, or recently homeless to help them achieve maximum independence and self-sufficiency.

Outcome: Increase the ability of the mainstream service system to provide comprehensive services that promote stability for individuals and families who are homeless, at risk of homelessness, or recently homeless, including groups with special needs.

Statement of Need: Housing is necessary but not sufficient to help people who are homeless—particularly those with multiple physical health, mental health, and social service needs—achieve residential stability, psychiatric stability, and sobriety. Many individuals and families require some level of supportive services, which will vary in type and intensity depending on individual and family needs.

Services and Supports Action Team: To include, among others, Wake County Human Services, Haven House, The Women's Center, CASA, Raleigh Rescue Mission, Helen Wright Center for Women, Wake Continuum of Care, Passage Home, Triangle Interfaith Alliance, ROAR, consumer and advocacy groups.

Strategy A: Expand the capacity to serve people with mental illnesses and/or substance use disorders.

Expand the ability of publicly funded and private, non-profit community providers to better serve people with mental illnesses and/or substance use disorders who are homeless or at risk of homelessness.

Action Steps:

1. The Healing Place for Women and Children is created based on the successful model of The Healing Place for Men.

Benchmark: The Healing Place for Women and Children is open and accepting clients.

2. Cross-train outreach workers, case managers, advocates, primary health care workers, and mental health and substance abuse treatment providers to recognize the signs and symptoms of mental illnesses, substance use disorders, and co-occurring mental illnesses and substance use disorders, and the co-occurring effects of these disorders.

Benchmark: A program of ongoing training, affordable and accessible to all levels of staff, both paraprofessional and professional, is funded and scheduled.

3. Increase the availability of an integrated approach to appropriate assessment, treatment, and services for persons with co-occurring mental illnesses and substance use disorders.

Benchmark: Pilot testing of an integrated approach to assessment, treatment, and services for persons who are homeless with co-occurring mental illnesses and substance use disorders begins.

4. Increase access for individuals who are homeless to innovative psychosocial rehabilitation services, such as the Clubhouse model.

Benchmark: The number of clients who are or have recently been homeless who are involved in innovative psychosocial rehabilitation services increases to 80% of the proposed number for the first phase; new benchmarks are set.

5. Expand peer support, counseling, and mentoring capacity, including peer counselor certification.

Benchmark: A peer mentor employment program is established and begins matching consumers with peer mentors; new benchmarks are set for succeeding years.

6. Work with policy experts to develop a proposal to expand Medicaid coverage (e.g. under the Rehabilitation Option and/or through Medicaid waiver programs) for appropriate treatment and services for people with serious mental illness in community settings.

Benchmark: A proposal for increased Medicaid coverage is developed and presented to the state Medicaid authority and legislators.

Strategy B: Expand current multi-service centers to serve as “one stop shops.”

Expand current multi-service centers (Cornerstone, Bason Street Center, Women’s Center) to serve as a “one-stop shop” for individuals and families who are homeless or at risk of homelessness who need health, mental health, substance abuse, and social services, as well as housing, help obtaining public benefits, employment assistance, transportation, and child care.

Action Steps:

1. Plan and carry out an analysis of current clients and their service requests at Cornerstone, Haven House, and Women’s Center. Analysis will include outcome of service requests.

Benchmark: Analysis is complete.

2. Develop and implement service integration and expansion strategies, to include stationing staff from all relevant Wake County Human Services departments at multi-service centers to expedite access to housing, health and behavioral health, and social services.



Homelessness is
a challenging
problem with no
single or simple
solution.

Benchmark: Out-stationing begins; individuals and families access mainstream resources at multi-service centers.

Strategy C: Implement targeted services for those with special needs.

Implement targeted efforts for individuals and families who are chronically, acutely or intermittently homeless as well as those who are at risk of being homeless, with a special emphasis on survivors of trauma (domestic violence, sexual assault, or child abuse), youth aging out of foster care, immigrants and refugees, veterans, ex-offenders, underserved minorities, and gay, lesbian, bisexual, and/or transgendered youth.

Action Steps:

1. Increase the capacity of current providers (non-profit and government) to provide appropriate services to those who move from short-term to permanent housing so persons successfully maintain their housing.

Benchmark: New staff for participating agencies are hired and trained.

2. Ensure that current programs serving individuals and families in short-term housing provide needed services such as life skills training.

Benchmark: Individuals and families in short-term housing are receiving life skills training and other identified service and support needs.

3. Expand the availability of short-term housing and specialized support services for survivors of trauma and their children.

Benchmark: 25 additional beds, along with appropriate services, are available for survivors of trauma and their children.

4. Train community providers in culturally competent service delivery and ensure that translators are available, so that services are accessible and appropriate to those who need them, with a special emphasis on recent immigrants and refugees.

Benchmark: 50% of community providers have received cultural competence training and have access to translators on an as-needed basis; new benchmarks are set for succeeding years.

5. Undertake a demonstration program for 18-21 year olds aging out of foster care requiring that, prior to discharge from the system, clients have experienced the following on a continuous basis for six months: residing in safe, affordable housing (based on their preference); either participation in education/training programs or a stable job or other source of income (e.g., disability benefits); involvement with community social/recreational activities or resources; and regular contact with a community-based volunteer mentor/advocate.

Benchmark: The demonstration program is underway with 90% of proposed youth enrolled.

6. Create a mentoring program for ex-offenders with volunteers and/or paraprofessionals to advocate on their behalf with employers, landlords, and neighborhood groups to create a seamless discharge plan and ease their transition to the community.

Benchmark: Program begins; ex-offenders have a mentor assigned to them upon release.

In Wake County,
83% of female-
headed homeless
households have
recent domestic
violence as one
contributing
factor to their
homelessness.

Strategy D: Promote an integrated, comprehensive system of care.

Work closely with mainstream providers to promote an integrated, comprehensive system of care that enhances the ability of individuals and families who are homeless or at risk of homelessness to walk in any service door, be assessed, and be provided with, or referred for, services (the “no wrong door” approach to service provision).

Action Steps:

1. Develop a standard comprehensive intake assessment of client needs that multiple agencies will use and periodically reassess, to determine the appropriate level of service needed by individuals and families.

Benchmark: 90% of providers are using a standard intake form for assessment and determination of service needs.

2. Work with the Social Security Administration (SSA) to develop and implement an outreach project designed to reach those individuals who are homeless who are eligible for but not receiving SSA benefits.

Benchmark: There will be an increase in the number of successful SSA applications from among the target population.

3. Increase the capacity of mainstream providers both public and non-profit, to provide services, such as mental health and substance abuse treatment, employment assistance, and veterans’ services, at key locations where persons who are homeless present for services (e.g., Cornerstone, the Healing Place, South Wilmington Street Shelter, add others Haven House, Women’s Center).

Benchmark: Staff from mainstream providers are stationed at locations where persons who are homeless present for services.

4. Train mainstream providers, including health care, behavioral health, police, jail, and school staff, to identify clients with risk factors for homelessness, provide prevention assistance as it falls within the scope of their roles, and refer individuals to appropriate community prevention resources.

Benchmark: A community-wide interagency referral system, including staff training plans and follow-up to track referrals, is adopted and begins operating.

5. Increase the ability of faith-based and other voluntary organizations to serve at-risk and recently homeless individuals through volunteer opportunities, including mentoring and ongoing support.

Benchmark: Faith-based or other voluntary organizations begin volunteer recruitment for new or expanded opportunities to work with people at risk of homelessness or who have recently been homeless.



We know what

works to end

homelessness and

we know why we

have to do it. Now

is the time to act.

Public Communications and Evaluation

Public communications and evaluation are vital elements that will support the 10-Year Action Plan. While they are discrete activities, the two are also closely related. Data can be a powerful public education tool. A Community Report Card providing a status report regarding both process and outcome measures will be published and widely distributed. This will help ensure public accountability for the challenges and accomplishments of this significant community-wide initiative.

**A community
report card
providing a
status report
will be published
annually.**

Public Communications

Effective public communications is key to building political and social will for system change efforts that require new policy and funding priorities and new ways of doing business. Lack of attention to this area can thwart the most well-intentioned plans. To succeed, this ambitious initiative to end and prevent homelessness must have the backing of elected officials, provider agencies, the business community, faith-based organizations, academics, and the general public, as well as support from advocacy groups and people who are homeless themselves.

The open and inclusive process for ensuring public involvement in developing the 10-Year Action Plan was intentionally designed to model the kind of public communications effort that will necessarily accompany Action Plan implementation efforts. Interestingly, the need for community buy-in and public awareness/education activities was mentioned as much as any other single issue by participants in the series of four public forums held to gather community input on ending and preventing homelessness. Following is a small sampling from the scores of recommendations:

- Address misconceptions and encourage dialogue.
- Promote community ownership of the problem and community responsibility for the solutions.
- Publicize how everyday people can make a difference.
- Portray the many faces of homelessness in a media campaign: children, working people, veterans, etc.
- Make the economic argument, so the public, legislature, and city and county funders understand the cost-effectiveness of prevention.
- Increase person-to-person contact to break down stereotypes.
- Create a “how to” manual to help congregations get involved.

People understand how important it is to combat stigma, give homelessness a “human face,” and publicize the

community-wide benefits of ending homelessness. Equally significant, they want to know how citizens throughout the community can get involved in ways that will make a real difference.

The Public Communications Team will take the lead in the multiple challenges involved in creating and maintaining community-wide understanding, support and active commitment to ending homelessness in Raleigh/Wake County. However, to be effective, public education must be suffused through each strategy that is carried out throughout the community. Thus the community education role will be broad, partially shared by all of those leading the Action Teams that implement the 10-Year Action Plan.

Evaluation and the Homeless Management Information System (HMIS)

Evaluation must go hand-in-hand with implementation of the 10-Year Action Plan. Ongoing assessment is vital for several basic reasons: accountability, quality improvement, and predicting future needs and costs. Good evaluations enable a clear understanding of service use, effectiveness, and gaps. For example, service usage and cost data should enable us to learn to what extent we are successful in decreasing the use of high-cost interventions such as hospital emergency department visits, crisis mental health care, and police transports.

The value of a sound evaluation effort is gathering accurate information about clients and services and discovering the interactions between them. This need has been recognized on a national level: in 2001 Congress directed HUD to require communities to institute a Homeless Management Information System (HMIS) by fiscal year 2004. Wake County complied with this requirement, and its HMIS system is now up and running. By the close of 2004, approximately 15 agencies serving people who are homeless were using the HMIS; up to 15 additional providers will come on-line in the near future. As the HMIS is capable of collecting mainstream service usage in addition to data on clients' use of "homeless" services, corresponding major mainstream providers such as Wake County Human Services can also be added to the system to provide even greater coverage and coordination.

The Wake HMIS goes well beyond data-gathering and will be instrumental in improving access to services, reducing duplication of effort, and identifying positive outcomes. Like other HMIS systems around the country, the Wake system is required to collect data that will provide an unduplicated count of people who are homeless (or "at risk"), determine how they use services, and evaluate the effectiveness of homeless assistance programs in meeting their needs (Federal Register, 2003). In addition, the Wake HMIS is designed to assist participating agencies to manage client intake, program and case management, bed management, information and referrals, and outcome measurement. The HMIS will assist in evaluation and management of the 10-Year Action Plan in the following specific ways:

- Allow for "real-time" measurement of local service utilization, homeless demographics and trends as they emerge.
- Automate "point-in-time" counts for the sheltered population, reducing the time taken to perform the counts and increasing the time available for camp and street counts.
- Produce various reports to assist in analyzing the effectiveness of individual plan components and the plan as a whole.
- Include case management and program/service tracking for "at risk" individuals as a key component of prevention efforts.

Evaluation findings will be key to targeting limited resources, making planning and policy decisions, and demonstrating the need for continued funding commitments. The 10-Year Action Plan evaluation effort will be coordinated centrally, with outcomes developed by each Action Team, based on the benchmarks for Action Steps.

This is a substantial undertaking that will necessitate a commitment from our local and state elected officials, human service providers, the private sector, faith community, and citizens from throughout our city and county to be successful.

Organizing Our Community for Implementation of the Plan

Ending Homelessness: The 10-Year Action Plan is a bold new initiative that will set new priorities and change perspectives of how we see people who are or could be homeless in our community. This is a substantial undertaking that will necessitate a commitment from our local and state elected officials, human service providers, the private sector, faith community, and citizens from throughout our city and county to be successful.

Achieving the Action Plan goal and objectives will require ongoing involvement and participation of these groups working in partnership, to see it through without interruption for the entire 10 years. We must set out with a defined structure, clear roles, identified responsibilities, and a long-term commitment from all.

To achieve this, a structure will be established to oversee and administer the plan and to directly involve the many individuals and organizations who have interests in the many components which will need to be addressed to realize the *10-Year Action Plan*. Components pictured on the chart that follows are described below.

Action Plan Workgroup

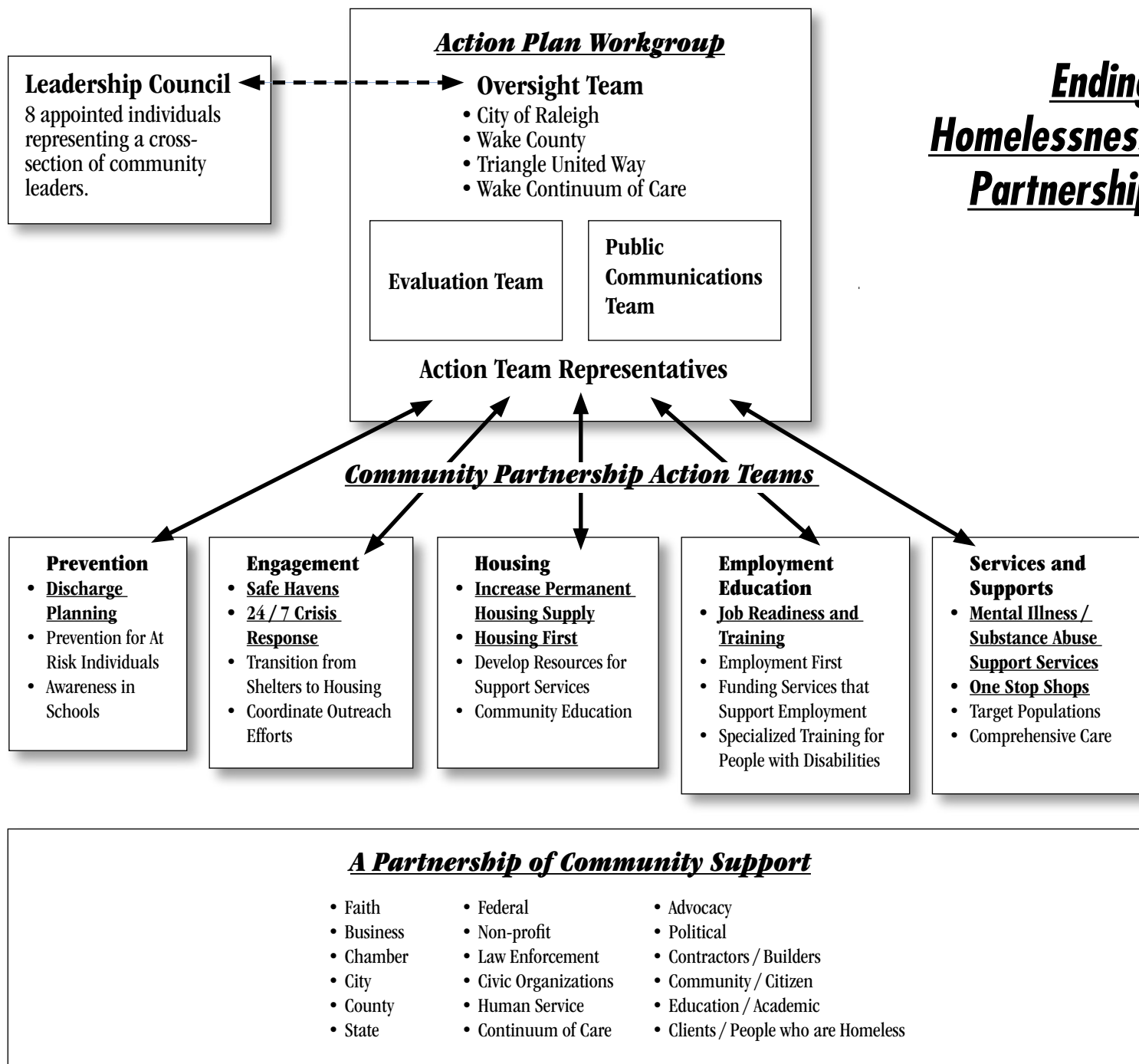
The Action Plan Workgroup will coordinate work among the five Action Teams (*see chart on following page*). The Workgroup will provide expertise and affirm priorities. They will also ensure that the wide variety of actions are moving forward, that the community is kept informed and involved, that Leadership Council input is sought and considered, and that regular assessment of progress occurs and is communicated. The Action Plan Workgroup will be composed of:

- The four-member Oversight Team – one each representing the City of Raleigh, Wake County, Triangle United Way, and Wake Continuum of Care
- Public Communications Team Chair
- Evaluation Team Chair
- Community Partnership Action Teams Chairs.

Oversight Team

The Oversight Team is comprised of four staff dedicated to implementation of the Action Plan who are assigned by and represent the City of Raleigh, Wake County, Triangle United Way, and the Wake Continuum of Care, respectively. Team members will provide oversight, overall coordination, troubleshooting, and administration of the Plan. The Oversight Team will select from among its members a rotating convener to organize and facilitate meetings and tasks.

Ending Homelessness Partnership



Achieving the Action Plan goal and objectives will require ongoing involvement and participation of these groups working in partnership, to see it through without interruption for the entire 10 years. We must set out with a defined structure, clear roles, identified responsibilities, and a long-term commitment from all.



Public Communications Team

This team will be responsible for educating the community at large as well as particular sectors about the Action Plan and the realities, contributing factors, and problems of homelessness in Raleigh/Wake County. Team members will ensure that the community remains informed and engaged throughout Action Plan implementation and will work directly with the Action Teams to help develop targeted public education efforts and volunteer opportunities. The Public Communications Team will organize the annual community forums to update the public about Action Plan progress and challenges.

Evaluation Team

This team will direct and monitor the evaluation efforts of every aspect of the Action Plan. Team members will regularly assess Community Partnership Action Team progress, ensuring adoption and implementation of clear and meaningful process, quality improvement, and program outcome measures, as well as mid-term corrections as called for. The Evaluation Team will produce an annual Community Report Card that will be shared with the public.

Community Partnership Action Teams

These five teams will each address one of the five key Action Plan objectives, will develop and refine actions and strategies for implementation, and will serve as liaisons to the agencies, groups, and individuals that will carry out the action steps. Working members of these teams will represent a cross-section of organizations, interest groups, and individuals who will “own,” develop, and carry out parts of the plan with unique insight from a variety of community perspectives. Teams will meet regularly to ensure that actions and strategies are being formulated and carried out effectively and in coordination with one another. A leader from each of the five action teams will serve on the Action Plan Workgroup. The strength of these teams will be gained from the variety of members with specific interest in particular parts of the Action Plan.

Ending Homelessness Leadership Council

The Leadership Council will provide guidance and objective perspectives to the many efforts being undertaken. Leadership Council membership will include human services, faith, education, business, government and citizen leaders as well as consumers. The Leadership Council will offer the Action Plan Workgroup insight as to direction, new efforts needed, and will serve as a base of community support. This group will meet quarterly to ensure that goals, objectives and strategies of the Ending Homelessness Action Plan are being met, and to help address the inevitable challenges inherent in this ambitious initiative. At least one meeting per year will serve as a public forum for the community at large. These annual forums will provide the Leadership Council, the Action Plan Workgroup, and the Action Teams an opportunity to update the community on plan actions and to reaffirm community direction and support as the Action Plan evolves and new strategies are adopted to end and prevent homelessness in the next decade.

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Timeline of Planning Activities

January, 2004: The City of Raleigh, Wake County, Wake Continuum of Care, and Triangle United Way form a partnership to develop the *10-Year Action Plan*. An Oversight Team representing each of the Plan partners, a Steering Committee representing a broad cross-section of the community and a multi-disciplinary Planning Team are formed.

February – May, 2004: Four Community Forums are held to gather community input on a range of topics and systems issues concerning homelessness, each drawing over 150 people, including public and private providers and policymakers, police, businesspeople, educators, the faith community, and persons who are homeless.

March, 2004: Six focus groups are conducted with people who are homeless, seeking their ideas and concerns.

April, 2004: A press conference is held to formally announce development of the *10-Year Action Plan* with Raleigh Mayor Charles Meeker, Wake County Board of Commissioners' Chair Kenn Gardner and Commissioner Phil Jeffreys, State Representatives Brad Miller and David Price, and United States Interagency Council on Homelessness Executive Director Philip Mangano.

April, 2004: An Inter-Collegiate Summit on Homelessness, with presentations of papers by students studying homelessness, is hosted by St. Augustine's College.

April – June, 2004: Relevant local, state, and national reports and data sources, including best practices from other communities, are analyzed and summarized in *Report on Local, State, and National Efforts to Prevent and End Homelessness* (available at www.raleighnc.gov - select "Current Projects - Ending Homelessness").

April – June, 2004: The hundreds of ideas and suggestions from the community forums, focus groups and interested individuals are organized and summarized in *Forums and Focus Groups: Priorities and Recommendations* (available at www.raleighnc.gov - select "Current Projects - Ending Homelessness").

June 23, 2004: Four Community Leadership Forums are held to ensure guidance and input from key stakeholders and leaders of public safety, elected officials and government leaders, local public housing authorities, and Wake Continuum of Care.

July 30, 2004: Draft outline of *Ending Homelessness: The 10-Year Action Plan* is submitted for review.

August 12, 2004: Four additional Community Leadership Forums are held including the faith community, business leaders, community leaders and educators to respond to the draft outline of the Action Plan and broaden involvement in developing the *10-Year Action Plan*.

August 16, 2004: Briefing session was held with county officials from the municipalities in Southern Wake County (Apex, Fuquay-Varina, and Holly Springs.)

October 7, 2004: A fifth Community Forum is held to present and receive public comment on the overall direction and specific objectives, strategies, and action steps in the *10-Year Action Plan* draft.

December 22, 2004: Draft of *Ending Homelessness: The 10-Year Action Plan* is completed, including major objectives, strategies and specific action steps.

January 6, 2005: Steering Committee meeting and all-day Planning Team meeting are held to discuss final edits to the draft Plan, including additional information needed, corrections, clarifications, etc.

February, 2005: *Ending Homelessness: The 10-Year Action Plan* is presented to the Raleigh City Council, the Wake County Board of Commissioners, and the community.

Glossary of Terms

These definitions are taken in part from the glossary of the North Carolina Interagency Council for Coordinating Homeless Programs, with minor adaptations.

Affordable Housing – Housing for which the occupant is paying no more than 30 percent of gross income for total housing costs, including rent, mortgage payments, condominium fees, utilities, taxes, and insurance, as applicable for rental or owned housing units.

Chronically Homeless – A person who is chronically homeless is defined as an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.

Continuum of Care – A local consortium of agencies that HUD requires be formed by community organizations and stakeholders to apply for and receive HUD funding through the annual competitive process. Most Continuums include a majority of a community's or region's non-profit and faith-based homeless service providers, and may also include law enforcement, hospitals, local colleges and universities, local government, churches, etc.

Doubled-Up¹ – A situation in which persons are living with relatives or friends, on a temporary basis, for economic reasons, and they have a host/guest relationship. These persons are not on a lease or mortgage and could be asked to leave at any time. This does not include legal arrangements such as foster care.

¹The federal Departments of Education and Health and Human Services include being doubled-up in their definition of homelessness. HUD only includes double-ups in the case of families fleeing domestic violence.

Homeless¹ – The HUD definition is:

- (a) an individual or family which lacks a fixed, regular, and adequate nighttime residence; or
- (b) an individual or family which has a primary nighttime residence that is:
 - (1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness);
 - (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - (3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
 - (4) The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

In addition, the HUD definition includes persons who will be discharged from an institution, such as a jail or mental health hospital, within 7 days, yet that person does not have an identified place to live upon discharge.

Housing First – A new model of homeless services that involves moving persons directly from the streets and placing them into permanent housing accompanied by intensive services. Initially a research project, this model has been shown to be very effective with persons who are chronically homeless and cost neutral to communities. This model has also been shown to work well with families and young adults who are homeless.

HUD – United States Department of Housing and Urban Development

Median Income – That income level at which an equal number of families/ households have incomes above the level as below. The median income is based on a distribution of the incomes of all families/households including those with no income.



Glossary of Terms

Safe Haven – A facility that provides shelter and services to hard-to-engage persons who are homeless and have serious mental illness who are on the streets and have been unable or unwilling to participate in supportive services. Safe Havens usually follow a “harm reduction” model of services.

Shelter – Housing, with varying levels of services, for people who are homeless. Emergency Shelter is usually thought of as lasting for six months or less.

Short-term Housing – Safe, decent, temporary housing for individuals or families who are homeless with associated supportive services, designed to assist them to obtain and retain permanent housing in the shortest possible time.

SSI – Supplemental Security Income A federal income supplement program providing monthly financial payments to persons with disabilities. For most persons on SSI, this is their only source of income, and thus severely limits housing options.

Supportive Housing – Permanent housing with services. The type of services depends on the needs of the residents. Services may be short-term, sporadic, or ongoing indefinitely. The housing is usually “affordable”, or intended to serve persons who have very low incomes.

Supportive Services – Services such as case management, medical or psychological counseling and supervision, child care, transportation, and job training provided for the purpose of facilitating people’s stability and independence.

Transitional Housing – Usually thought of as temporary supported housing – housing with services – where individuals or families live for between six months and two years. During that time they receive intensive case management services that prepare the household for independent living.

Trauma – An event or series of events which threatens one’s life or physical integrity and is unusual and psychologically distressing. Examples include domestic violence, sexual assault, and child abuse. Trauma results in feelings and behaviors that may lead to homelessness, such as paralyzing depression, hyper-vigilance, flashbacks, or avoiding independent behavior that might have precipitated past violence.



Acknowledgements

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Nationally, the majority of people who are homeless (66 percent) are unaccompanied adults, but family homelessness is growing at a higher rate than other subgroups of homelessness.

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